MAXIMUS Federal Services

Case Number:	CM15-0065394		
Date Assigned:	04/13/2015	Date of Injury:	07/26/2010
Decision Date:	07/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 46-year-old who has filed a claim for chronic neck and mid back pain with derivative complaints of headaches reportedly associated with an industrial injury of July 26, 2010. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve both retrospective and prospective requests for Norco and Zofran (Ondansetron). The claims administrator referenced a progress note of December 30, 2014 and a RFA form of March 23, 2015 in its determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of neck and mid back pain. The attending provider posited that ongoing usage of medications, including Norco and Flector patches, were effectively attenuating the applicant's pain complaints from 8/10 without medications to 2/10 with medications. The applicant was reportedly active and had apparently been working full time, it was reported in another section of the note. The applicant was apparently asked to continue Norco, Flector, and/or Flexeril. The applicant was returned to regular duty work. The applicant did have incidentally noted issues with mild depression, it was stated. The review of systems section of the note explicitly stated that the applicant denied issues with nausea and vomiting while reporting issues with migraines and constipation. In a RFA form dated March 23, 2015, the attending provider seemingly sought both retrospective and prospective authorization for Norco and Zofran. In a December 30, 2014 progress note, the applicant underwent a thoracic epidural steroid injection. The applicant was apparently given Versed and fentanyl. The applicant did apparently receive IV sedation, it was reported. Norco for pain and 10 tablets of Zofran for peri-procedure nausea were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Use of Hydrocodone/APAP 10/325 MG #20 (DOS 12/30/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: Yes, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. The request in question was initiated on the same date the applicant received an epidural steroid injection, on December 30, 2014. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain. Here, the applicant could reasonably or plausibly be expected to have or experience pain in the moderate-to-severe range immediately after administration of an epidural steroid injection on December 30, 2014. Provision of a time-limited 20-tablet supply of Norco was, thus, indicated on or around the date in question. Therefore, the request is medically necessary.

Hydrocodone/APAP 10/325 MG #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the prospective request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was described as having returned to and/or maintained full-time, regular duty work status as of a February 20, 2015 progress note, referenced above. The applicant was working full time on that date. The applicant reported an appropriate reduction in pain scores from 8/10 without medications to 2/10 with medications, it was further noted. The applicant's ability to remain active and interact with her family had been ameliorated as a result of ongoing medication consumption, the treating provider reported on that date. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Retro Use of Ondansetron ODT 8 MG #10 (DOS 12/30/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation 1. U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ondansetron (Zofran) - 10 tablets-prescribed and/or dispensed on December 30, 2014 was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, the attending provider did seemingly state that the applicant be given a limited 10-tablet supply of Zofran (Ondansetron) following an epidural steroid injection of December 30, 2014. The applicant did receive IV sedation with Versed and Fentanyl on that date. The Food and Drug Administration (FDA) notes that Zofran (Ondansetron) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, by analogy, it was reasonable or plausible to expect the applicant to have experienced some issues with peri-procedure nausea, particularly in light of the fact that Micromedex notes that nausea is a known side effect of midazolam (Versed), i.e., one of the anesthetics employed here. The 10-tablet supply of Zofran (Ondansetron) was, thus, indicated on or around the date in question. Therefore, the request is medically necessary.

Ondansetron ODT 8 MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Finally, the prospective request for Ondansetron (Zofran) is not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's having undergone recent cancer chemotherapy, radiation therapy, surgery, and/or any kind of procedure such as an epidural steroid injection under IV sedation on or around the date in question, February 20, 2015. The applicant explicitly denied issues with nausea and vomiting in the review of systems section of a progress note of that date. Prospective usage of Ondansetron (Zofran), thus, was not indicated on or around the date in question. Therefore, the request is not medically necessary.